

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits

David Watkins
City Manager
300 South Texas Avenue
Bryan, Texas 77803

*OK All Alvin
SM. Autcamp
CMB*

2. Article Number
(Transfer from service label)

7006 2760 0002 819.3 1545

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

W. BARRER

C. Date of Delivery

1-29-07

D. Is delivery address different from item 1?

If YES, enter delivery address below:

☐ Agent

☐ Addressee

☐ Yes

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540